

Los Angeles County - Department of Health Services
PARAMEDIC PROGRAM REVIEW
Pre-Survey Packet
All Providers

Instructions

To prepare for your agency's paramedic program review follow the provided instructions and submit completed attachments, specific to your agency, prior to the due date listed in your notification letter. Completed packets may be submitted via US Postal Service, Hand Delivery or Electronic Mail.

US Postal Service or Hand Deliveries:

Los Angeles County EMS Agency

10100 Pioneer Blvd., Suite 200, Santa Fe Springs, CA 90670

ATTENTION:

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(Private Providers & LA Co FD)

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(Public Providers – except LA Co FD)

The following attachments have writeable capabilities:

- eAttachment I – Current Administrative Personnel
- eAttachment II – Provider Agency Medical Oversight
- eAttachment III – Paramedic Roster (*non-SFTP*)
- eAttachment IV – Paramedic Roster (*SFTP Provider Only*)
- eAttachment V – Firefighter Roster
- eAttachment VI – ALS Unit Roster
- eAttachment VII – Policy Acknowledgments / Signature Page

During the DHS program review, EMS Agency representatives will be verifying compliance to policies within the Prehospital Care Manual and State regulations specific to your provider agency. Prior to the program review, each provider is encouraged to be familiar with the applicable policies. These policies include, but are not limited to:

Provider Authorization

- A. Reference No. 406 – Authorization for Paramedic Provider Status
- B. Reference No. 813 – Standing Field Treatment Protocol (SFTP) Program (*if applicable*)

EMS Data Compliance

- C. Reference No. 606 – Documentation of Prehospital Care
- Reference No. 607 – Electronic Submission of Prehospital Data (*if applicable*)
- Reference No. 608 – Retention and Disposition of Paper Prehospital Patient Care Records

Quality Improvement Program

- D. Reference No. 618 – EMS Quality Improvement Program (EQIP) Committees
- Reference No. 620 – EMS Quality Improvement Program

Equipment/Supplies/Medications

- E. Reference No. 701 – Supply and Resupply of Designated EMS Providers Units/Vehicles
- F. Reference No. 702 – Controlled Drugs Carried on ALS Units
- G. Reference No. 703 – ALS Unit Inventory
- Reference No. 704 – Assessment Unit Inventory

First Aid Standards for Public Safety Personnel

- H. California Code of Regulations, Title 22, Division 9, Chapter 1.5
- California Health and Safety Code, Section 1797.182

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During this program review, the following Prehospital Care Manual policies and State regulations will be reviewed for compliance. There are two sets of instructions in this section of the Pre-Survey Packet; one set of instructions lists the material that is to be submitted to the EMS Agency prior to the site visit and the other set of instructions lists the material that is to be readily available at the time of the site visit.

Please read ALL instructions carefully.

A. AUTHORIZATION FOR PARAMEDIC PROVIDER STATUS
(Reference No. 406)

Provider Agency responsibilities:

- a. All personnel involved in the ALS program have received base hospital orientation
- b. All ALS units and paramedic personnel are visibly identified as such
- c. Each ALS, Assessment and Reserve unit shall undergo a unit inventory inspection and approved by the EMS Agency prior to deployment
- d. All deployed unit(s) (ALS, Assessment and Reserve) are fully stocked at all times
- e. EMS Agency notification for any long-term relocation of existing ALS units or reduction in number of ALS units
- f. EMS Agency notification for inventory inspection and approval any time there are changes to unit configuration
- g. Ensure that the paramedic coordinator attends EMS Orientation within six months of being appointed
- h. Staff each approved ALS unit with a minimum of two licensed and locally accredited paramedics in accordance with Reference No. 408, Advanced Life Support Unit Staffing

Prior to the site visit, submit the following to the EMS Agency:

- a. List of all paramedics employed by your department, utilizing either eAttachment III or eAttachment IV, which ever applies to your specific department.
- b. List of all your department's ALS units, utilizing eAttachment VI.

B. STANDING FIELD TREATMENT PROTOCOLS (SFTP) (Public Providers - *IF APPLICABLE*)
(Reference No. 813)

Prior to the site visit, submit the following to the EMS Agency:

- a. Copy of department Medical Director's current California Medical License and Board Certification in Emergency Medicine along with a current resume.
- b. Copy of department Nurse Educator's current California Nursing License along with a current resume.
- c. Copy of department's current SFTP Policy that includes the following:
 - o At least one of the paramedics assigned to the unit will have a minimum of one (1) year of ALS experience as a paramedic
 - o Each paramedic staffing the SFTP unit must have received the standardized SFTP orientation/training program
 - o Have a mechanism to ensure that personnel only utilize SFTPs approved and authorized by the EMS Agency Medical Director and adhere to all policies and procedures regarding SFTPs
 - o Have a mechanism to ensure that SFTPs are being utilized only by paramedics who have received the initial SFTP training. Ensure that the most recent changes to SFTP training and any recent mandatory training are included
 - o Current SFTP provider will retain all training rosters for SFTP (initial and updates)

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- A description of the primary and secondary methods used to notify receiving hospitals
- Have a mechanism to identify hospitals on diversion

NOTE: *If there have been no changes to the department's SFTP policy listed above, submit a signed copy of Attachment VII.*

During the site visit, have available for review:

- a. Methods in which the Medical Director / Nurse Educator participated in quality improvement monitoring and continuing education (meeting minutes, education rosters, ride-a-longs, etc.).
- b. Training rosters to verify SFTP personnel have received the Los Angeles County approved SFTP training (initial and updates).
- c. ALS Unit assignment records verifying the required staffing as outlined in Reference No. 813, Standing Field Treatment Protocols.

C. EMS DATA COMPLIANCE
(Reference No. 606, 607, 608)

During the site visit, the following items will be reviewed:

- a. Length of time records are retained and the method(s) utilized to ensure confidentiality of patient care records (PCR), audio tapes, logs, etc
- b. Measures taken to ensure EMS Report Forms are submitted to the EMS Agency within 45 calendar days of the date of service
- c. Measures taken to ensure that one (1) EMS Report form is completed for each EMS response
- d. Mechanism in place to provide immediate transfer of patient information is provided to a transporting agency (if provider agency does not transport).
- e. Verification that personnel responsible for PCRs have received appropriate training related to patient care record confidentiality.
- f. How PCRs are maintained in a secure location accessible only to prehospital care personnel.
- g. Policy or procedure for releasing medical records.

D. QUALITY IMPROVEMENT PROGRAM
(Reference No. 618, 620)

Provider Agency responsibilities:

- a. Attendance to relevant EMS Agency QI Committee meeting(s)
- b. Participate in Systemwide QI studies (including timely submission of requested data to the EMS Agency).
- c. All QI records shall be maintained in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations

Prior to the site visit, submit the following to the EMS Agency:

- a. Provider QI Plan that reflects the current QI program, which reflects specific needs of your organization; which includes the following:
 - 1) Mission Statement and/or philosophy of the organization
 - 2) Goals and Objectives
 - 3) Description of how the organization's QI program is integrated within the organization, the local EMS QI Program and State EMS QI Programs
 - 4) Methodology, processes and tools used to facilitate the QI Process (i.e., FOCUS-PDSA)

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- 5) Data Collection and Reporting (to include all reliable sources of information utilized in the QI Process; flow of information; methods used to document QI findings; and process used to submit data to the EMS Agency).
- 6) Training, education or methods that will be used to communicate relevant information among stakeholders

NOTE: *If there are no revisions, a signed copy of the QI Plan signature page or written statement to that effect, along with a copy of the current QI indicators, may be submitted in lieu of the entire plan. [Title 22, §100402 (5)] (Attachment VII)*

- b. Departmental QI Program, that includes the following:
 - 1) Two indicators that relate to important aspects of care and includes the following:
 - Well-defined description of the important aspect of care being measured
 - Threshold for compliance
 - Timeline for tracking indicator once the threshold has been achieved
 - Data source
 - 2) Methods of tracking compliance and identifying trends
 - 3) Written analysis that summarizes the QI findings
 - 4) Corrective Actions that may be taken to improve processes
 - 5) Written trending report that includes effectiveness of performance improvement action plans
 - 6) Education and training specific to findings identified in the QI process
 - 7) Methods utilized for dissemination of the QI findings to stakeholders
 - 8) Recognition and acknowledgment of performance improvement
 - 9) Periodic review or a re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance
 - 10) Methods for identifying, tracking, documenting and addressing non-indicator issues and unusual occurrences

During the site visit, have the following documents available:

- a. QI meeting minutes and sign-in rosters
- b. Non-Indicator fallout tracking tool (which describes how non-indicators / fallouts are identified, tracked, documented and addressed. Be prepared to describe how your department utilizes this system)
- c. Dates/times of continuing education and skills training, when provided

E. SUPPLY AND RESUPPLY OF DESIGNATED EMS PROVIDER UNITS / VEHICLES
(Reference No. 701)

Prior to the site visit, submit the following to the EMS Agency:

- a. Copy of department's current policy and procedure which describes how restricted drugs and devices are procured, stored, and distributed.

NOTE: *If there have been no changes to the organizational non-narcotic policy listed above, submit a signed copy of Attachment VII.*

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During the site visit, have the following documents available:

- a. If your department purchases restricted drugs and medical devices through the Medical License of the EMS Agency's Medical Director, ensure that copies of all invoices for purchases during this review period are available at the site visit.

F. CONTROLLED DRUGS CARRIED ON ALS UNITS
(Reference No. 702)

Prior to the site visit, submit the following to the EMS Agency:

- a. Copy of department's current policy and procedure addressing the procurement, transport, security, storage, and distribution of narcotic drugs.

NOTE: *If there have been no changes to the organizational narcotic policy listed above, submit a signed copy of Attachment VII.*

During the site visit, the following will be reviewed:

- a. From each ALS unit:
 - o Reference No. 702.1, Expired/Expired Controlled Drug Pharmacy Reporting Form
 - o Reference No. 702.2, Daily Narcotic and Key Inventory Forms (or equivalent)
 - o Reference No. 702.5, Lost/Missing Controlled Drug Pharmacy Reporting Form
 - o EMS Report Forms for each patient who received narcotics (blue forms).
- b. Controlled drug security: ALS units will be assessed to ensure double-locking Mechanism.
- c. Controlled drugs stored in locations other than the ALS unit, must be authorized by the EMS Agency and the security of these drugs must be addressed in the internal policy.

NOTE: *If the provider's Medical Director has taken full responsibility of the provider's narcotic program and a signed Ref. No. 702.4 is on file at the EMS Agency, the provider's controlled substance program will not be monitored. However, narcotic logs will be reviewed to verify the maintenance of required inventory amounts per Reference No. 703.*

LOS ANGELES COUNTY PHARMACEUTICAL AGREEMENT

Providers who are procuring controlled substances through a County hospital pharmacy, please have sign-in rosters, from initial and annual training, available for review during the site visit.

G. ALS UNIT INVENTORY AND ASSESSMENT UNIT INVENTORY
(Reference No. 703 and Reference No. 704)

During the site visit:

- a. An ALS unit or Assessment Unit will be inventoried to verify a standardized minimum inventory and confirm that all equipment, carried for use in providing emergency medical care, is maintained in good working order (i.e., validation of cardiac monitor's preventive maintenance checks that is according to manufacturer's recommendation). Provider personnel will be asked to demonstrate/test the functionality of the following equipment: cardiac monitor/defibrillator, pulse oximeter, glucometer, laryngoscope blade/handle, suction unit, and hand-held radio/base contact.
- b. Daily Narcotic and Key Inventory Forms will be reviewed to verify that minimum and maximum daily inventory amounts of controlled substances were maintained on the ALS unit according to this Reference.

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FIRE DEPARTMENTS ONLY:

H. FIRST AID STANDARDS for PUBLIC SAFETY PERSONNEL (FIREFIGHTER)
(California Code of Regulations, Title 22, Section 100015 and California Health and Safety Code Section 1797.182)

According to the *California Code of Regulations and the **California Health and Safety Code, all firefighters in the state of California, shall be trained as an Emergency Medical Technician (EMT) (or first-aid) and cardiopulmonary resuscitation (CPR). These training courses are to be equivalent to the standards of the American Red Cross and/or American Heart Association. Training is to be completed no later than one year after the date of employment and a refresher course is to be satisfactorily completed at least every three years.

Prior to the site visit, submit the following to the EMS Agency:

- a. List of all firefighters employed by your department, utilizing eAttachment V. Include firefighter's name; CPR expiration date; State EMT number; EMT expiration date; and whether training in Los Angeles County EMT Scope of Practice has been completed. If no EMT training has been completed, list first-aid expiration date, if applicable.

During the site visit, have available for review:

- a. In order to verify compliance, an EMS Agency representative will contact your department to provide you with randomly selected names of firefighters in which to have copies of their EMT certification (or first-aid) plus copies of their CPR cards, available for review during the site visit.

CURRENT ADMINISTRATIVE PERSONNEL

Prehospital Care Manual, Reference No. 621

Department Name

Date Submitted

Check Applicable Box: <input type="checkbox"/> Fire Chief <input type="checkbox"/> CEO					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
Medical Director: <input type="checkbox"/> Paramedic Program <input type="checkbox"/> SFTP Program <input type="checkbox"/> Drug Authorizing Physician					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
Nursing Coordinator (Private Providers Only)					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
Quality Improvement Coordinator					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
Paramedic Coordinator					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
EMS Educator					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
Program Coordinator: <input type="checkbox"/> AED <input type="checkbox"/> Continuing Education <input type="checkbox"/> EMT					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
General Manager / Operations Manager or equivalent (if changed, attach copy of resume)					
Name:		Title:			
Telephone Number:		Fax Number:		E-Mail Address:	
Person Completing Form (Print Name):					
Signature:		Date:			

NOTE

All EMS related organizations shall complete and forward Reference No. 621.1, Notification of Personnel Change Form, whenever there is an address, telephone, or personnel staffing change.

PROVIDER AGENCY MEDICAL OVERSIGHT

Prehospital Care Manual, Reference No.s 227, 410, 701, 702, and 813

Department Name

Date Submitted

Type or Print

PHYSICIAN OVERSIGHT:	
Medical Director, Paramedic Program (Ref. No. 410)	Physician:
Medical Director, SFTP (if applicable) (Ref. No. 813)	Physician: <input type="checkbox"/> Not An SFTP Provider
Medical Director, Dispatch Center (Ref. No. 227)	Physician:
Purchase of Non-Narcotic Medications and Medical Devices (Ref. No. 701)	Physician:
Purchase of Narcotic Medications: (Reference No. 702)	Physician:
Has your Medical Director taken complete responsibility of your department's narcotic program and signed Ref. No.702.4?	<input type="checkbox"/> NO <input type="checkbox"/> YES - Name of Physician:
Name of Non-Narcotic Pharmacy:	Name of Narcotic Pharmacy:

PARAMEDIC ROSTER

Non-SFTP

Prehospital Care Manual, Reference No. 406

Department Name

Date Submitted

	FULL NAME	LA Co Accreditation Number & Expiration Date	
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PARAMEDIC ROSTER

SFTP Provider Only

Prehospital Care Manual, Reference No. 406 and 813

Department Name

Date Submitted

	FULL NAME	LA Co Accreditation Number & Expiration Date		Medic has >1 year experience (✓ if yes)	Initial SFTP Training Date	Date of Most Recent SFTP Update
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NOTE

SFTP Training Rosters are to be available during the site visit

FIREFIGHTER ROSTER

California Code of Regulations & California Health and Safety Code

Department Name _____

Date Submitted _____

Please list non-paramedic firefighters only. Paramedic firefighters are to be listed on eAttachment III.

OR

	FIREFIGHTER NAME	CPR EXP Date	STATE EMT CERT #	EXP Date	LA Co. Scope Completed?	FIRST AID EXP Date
	Example: DOE, John	12/12/2014	E 123456	12/31/2014	YES or NO	12/12/2014
1						
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*** UNIT DESIGNATION:**

AT = Assessment Truck
PE = Paramedic Engine
SQ = Squad (no transport capabilities)
BK = Bike
CT = Cart

[illegible]

POLICY ACKNOWLEDGMENTS

Signature Page

Department Name

Date Submitted

Reference No. 620, EMS Quality Improvement Program

The above listed Department acknowledges, by the signature and date below, that the department's Quality Improvement Program and the Quality Improvement Plan has been reviewed and found that no changes have been made since previous period of review.

Responsible Party Signature

Date Reviewed

Reference No. 701, Supply and Resupply of Designated EMS Units/vehicles

The above listed Department acknowledges, by the signature and date below, that the departmental Restricted Drugs & Medical Devices Policy (non-narcotic) has been reviewed and found that no changes have been made since previous period of review.

Responsible Party Signature

Date Reviewed

Reference No. 702, Controlled Drugs Carried On ALS Units

The above listed Department acknowledges, by the signature and date below, that the departmental Narcotic Policy has been reviewed and found that no changes have been made since previous period of review.

Responsible Party Signature

Date Reviewed

Reference No. 813, Standing Field Treatment Protocol (SFTP) Program

The above listed Department acknowledges, by the signature and date below, that the departmental SFTP Policy has been reviewed and found that no changes have been made since previous period of review.

Responsible Party Signature

Date Reviewed

NOTE

Please provide the EMS Agency any recent revisions of the above policies.